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ABSTRACT

This document reports on a survey taken to identify if a concensus exists among college and university health educators as to the: (1) mission or goals of health education; (2) philosophical and research bases of health science; and (3) the relationship of health science to other academic disciplines. Subjects consisted of 603 college and university health educators. Responses were made to a survey examining perceptions of the mission of health science, attitudes toward the discipline, the parameters and scope of health science, the relationship of research to health science, definitions of the disciplines, philosophical orientation, and the relationship of health science to other academic disciplines. Based upon an analysis of survey findings, five significant issues facing health science were identified: (1) to definitively outline the boundaries of the discipline and identify a reasonable body of knowledge as its basis; (2) to develop a professional identity, based upon common goals, policies, and parameters of the discipline; (3) to develop a "typical degree sequence program" for professional preparation which reflects identified competencies of the health educator; (4) to develop an integrated curriculum, one which is balanced and reflective of the evolving nature of health, but possesses utility rather than faddism; and (5) to implement more rigorous evaluation and measurement efforts to identify the strengths and weaknesses of health education programs. (MJB)

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"A Survey of the Health Science Discipline and It's Relationship to Other Academic Disciplines."

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INTRODUCTION

In recent years health education has become accepted as an integral area for inclusion in school curricula and as a prime component in health delivery systems. There have been several factors responsible for this development. The establishment of the Bureau of Health Education within the organizational structure of the Department of Health, Education and Welfare and the creation of the National Center for Health Education have helped focus national attention on the importance of health education. The awareness that modern medicine still cannot cure the leading killers has resulted in a renewed interest by Americans in prevention of disease through health education. In addition, growing concern by Americans about improving the "quality of life" has become a compatible goal with health educators.

Yet, progress in accepting the importance of the discipline of Health Science has not been without criticism from many fronts. Increasing numbers of individuals both lay citizens and health care providers are growing more concerned about the primary prevention of health problems. This changing emphasis from health care and treatment of health problems to prevention has had a significant effect upon increasing the importance of health education. However, many remain skeptical about the relative impact of health education on the prevention of health problems and the promotion of health. Criticism

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concerning the philosophical basis of ealth cience; its legitimate subject-matter boundaries; and its efficacy in producing life style behavior change which is health generating has been levelled by professionals within the discipline as well as by those in other disciplines.[1, 2, 3]

Goldstein, conducted a survey of basic health texts and said "The scope of the college level health course, and by implication the competance of health educators, has grown to encompass knowledge about almost every aspect of physical, social, and political life."[1] According to Hurster, there are a number of critical issues facing health education including: "Health education must develop a professional identity if it is ever to develop its potential as a health profession."[2] Others have suggested that "Health education should recognize the limitations of the field and difer to alternative approaches when appropriate."[3]

In summary serious criticism has been leveled by individuals both within the discipline of health science and externally by professionals in other disciplines. This criticism stimulated the creation and implementation of the research project discussed in this paper which sought to determine the expressed convictions of health educators concerning the discipline of health science.

PURPOSE

The purpose of this study was to identify if a consensus exists among college and university health educators as to the: (1) mission or goals of health education; (2) philosophical and research basis of health science;

(3) and the relationship of health science to other academic disciplines. An attempt was made to determine if solidarity of expressed opinion existed among health educators who responded to the questionnaire which was developed for the purpose of the study.

PROCEDURES

SUBJECTS: Subjects for the study consisted of college and university health educators whose names were listed in the 1976 National Directory of School and Public Health Educators. Based upon the listing, criteria were established for inclusion in the study. Persons who did not meet the established criteria were omitted from participation in the study. A sample of 603 college and university health educators was identified.

INSTRUMENT:

Step 1: A literature review was conducted in order to develop the questionnaire. Basic college health texts, professional journals, and health science documents were examined.

Step 2: A panel of ten experts in health science was selected and requested to evaluate the questionnaire.

Step 3: A revised questionnaire was developed based upon the recommendations made by the panel of experts. This instrument was distributed to college and university health educators who met the established criteria. The attitude inventory section of the questionnaire contained forty-three statements related to the basis of the health science discipline and its relationship to other academic disciplines. In addition a specific section on the missions of health education

was included.

ANALYSIS AND RESULTS

A return rate of over 50 percent of completed questionnaires was achieved. Analysis of the data consisted of computing means, standard, deviations, and percentages for each item. Since the group selected for study was considered to be "elite", a 60 percent agreement on items was established as indicative of consensus. Descriptive statistics were used for the initial analysis of data collected in this study.

Part I. Missions of Health Science: Table 1 shows responses of health educators concerning the missions of health education. Although it did not reach consensus, the mission which received the highest acceptance was: "to foster positive health attitudes and value development in individuals" (36%). Second, in acceptability was: "to change behaviors and practices that detract from health to those which promote health in individuals" (36%).

Insert Table 1

The least acceptable missions were: "to foster physiological and medical skill and/or knowledge (0%); "to reduce incidence of such things as drug abuse, smoking, divorce, VD, etc." (0%).

Part II: Attitude Inventory: This section contained 43 statements concerning the discipline. On 37 of the items, consensus was reached according to the expressed opinions of health educators. Items which yielded consensus of

over 90 percent are shown in Table 2. Those which resulted in no general agreement on the part of health educators are illustrated in Table 3.

Insert Table 2

Insert Table 3

Sub-Scale Findings:

A) Parameters and Scope of Health Science: In general, health educators believed that the boundaries of the discipline have widened considerably over the years (97.9%). However, many felt that the inability of a discipline to identify its boundaries can result in massive conceptual and methodological problems (72.3%). And, almost 80 percent of respondents felt that the scope of the basic college health course has grown to encompass knowledge about almost every aspect of physical, emotional and social life. Over 91 percent disagreed that the study of health is the study of everything, the serious study of nothing. And although the development of emotional and psychological knowledge and skill was identified as one of the least acceptable missions, most health educators believe thatthe discipline should be moving away from the physical aspects of life and moving toward the psychological and social dimensions.

B) Research and Health Science: A large majority of respondents (87.6%) felt that health science can contribute to the growth of knowledge through conducting pure research. A significant number (72.3%) believed that if health educators are unable to clearly define the discipline's boundaries, the issues of who is qualified to conduct research in the field may arise. A majority of health educators believe that health science does not justify itself by the knowledge it creates. There was no consensus among respondents as to whether or not varying definitions of health pose a problem for the discipline in relation to conducting research. However, eighty percent felt that the concept of health can be reduced to meaningful specifics which can be researched.

C) Definitions of Health and Health Education: It was generally agreed that: 1) In health, feeling and doing are as important as knowing; 2) Health Education should be viewed as an academic discipline as opposed to a service; 3) Many of the definitions of health are vague and non-operational. However, there was no consensus on whether or not the definition of health should be agreed upon by a majority of health educators. Most health educators believe that health education should deal with the nature of life and the problems of life management.

D) Philosophical Orientation: There is general agreement that health science has a sound philosophical base from which it functions. (79.1%) Most respondents believed that health education should be viewed in terms of its effectiveness or utility to an individual and to society. Concerning the conceptual curriculum framework, there was consensus that it is a usable model

for health education. A majority of respondents indicated that a change in emphasis from the physiological to the psycho-social aspects of health would be constructive.

Regarding both the approach of health education and its scope, most health educators felt that health education should be more humanistic and less concerned about health problems per se. A substantial number of respondents (73.4%) suggested that there may be intrinsic superficialty in health science as it now exists. There was no consensus on whether a typical degree sequence program can adequately prepare and qualify scholars in the field. Many professionals commented: "What is a typical degree sequence program?"

E) Relationship of Health Science to Other Academic Disciplines: A significant number of respondents (85%) agreed that a concern with changing attitudes is not antithetical to the values of academic scholarship. In a related question, 60.4 percent of health educators believed that the committment of health education to attitude will not be an obstacle to having their work accepted by others as scholarly. Eighty percent of respondents agreed that the prime function of institutions of higher learning is the discovery and transmission of knowledge. Over 91 percent of respondents believed that health education is far more intimate than other academic subjects. In addition, it was seen as unique both as a result of its vast subject-matter range (76.5%) and its objectives of creating attitude and behavior change. (63.8%). Generally, health educators believed that the discipline need not move away from its emphasis on attitudes (91.5%). And over 94 percent believe that health science

is coming to be academically respectable.

DISCUSSION

The identification of basic missions by a discipline is extremely important. If far reaching goals have not been established by a discipline, the professional activities of its members can be seriously lacking in direction. As reported earlier, no consensus was reached among health educators regarding the primary mission of their field. A majority of respondents suggested that it is vitally important that the mission of health education be identified and agreed upon.

The stated mission which was most acceptable to health educator was "to foster positive health attitudes and value development in individuals". This mission raises both ethical and practical questions such as: (1) What is the liklihood of altering beliefs and attitudes after childhood? (2) Assuming the answer is very likely, what are positive health attitudes? By whose definition? (3) How closely related are "healthy attitudes" and high level health in an individual; in a society? (4) How, as a discipline can we expect financial support for our programs and committment and belief in the value of our activities if we are bound to attitude development? (5) What are the significant health benefits which can accrue as a result of an individual becoming aware of his/her values? (6) Is it not possible to achieve balance in the health curriculum in which activities involve the cognitive, attitudinal and behavioral dimensions of life and health?

An apparent contradiction in thought is evident when comparing the

the data on missions and emphasis in approach. While "to foster psychological and/or emotional skill and/or knowledge" received 0% of respondents acceptance as a mission, over 74% of respondents viewed a change in emphasis from physiological to psycho-social as constructive. This appears to be a critical dilemma. It may mean emotional health content and approach is very important but not because it contributes to reaching a stated mission in health science. The question which becomes apparent is: Why is emotional health so essential for inclusion in course content?

Only when the primary mission of health science is established and accepted by professionals will it be possible to engage in health education programs which are more than a series of irrelevant activities. Without a clearly defined mission, health science lacks the base from which definitive statements can be made about the subject-matter priorities for inclusion in the discipline. No issue which faces health science is more important. Without mission, direction is lacking with regard to scope and discipline boundaries; activities and methods of professionals; measurement and evaluation of program effectiveness; and the professional preparation of future health educators.

If, as a discipline we do not establish and agree upon a mission which relates specifically to promoting health generating behaviors which thereby can reduce morbidity in our society and enhance health we have rejected the single most important thing which makes us valuable and unique. If our basic mission is not health promotion - social, emotional and physical; the justification offered to health agencies and school systems for our existence

is clearly in jeopardy. The possession of a sound philosophical basis is important to any discipline. Health science appears to possess a generally accepted philosophical orientation based upon its utility in helping the individual and society in general to achieve and maintain health. However, there appears to be much intrinsic superficiality in health education as it now exists. This is an urgent concern of many health educators. Superficiality in health education, may be a consequence of inferior health education programs at specific institutions or it may be related to incompetence on the part of individuals who have the responsibility for teaching health. Perhaps National Certification Standards should be established which identify: (1) Core courses to be included in health education professional preparation programs, and (2) Specific competencies for B.S. or B.A. degree candidates in health education. To ensure quality of professionals and integrity within the discipline in the future the implementation of state certification board examinations for professionals and routine evaluation of health education professional preparation programs by national monitoring teams of professional preparation experts may be needed.

Peer review and self-policing within the discipline can contribute to adherance to established standards as well as quality and integrity within the discipline of health science. In addition this procedure may be of value in correcting the problem associated with the absence of a "typical degree sequence program" in health education. Clearly, as a discipline we must be able to adequately prepare future professionals. At the present time a typical degree program for this preparation is seriously lacking. In addition, in order to prepare people in the field the identification of basic competencies in knowledge and skill must be specified. There is an apparent need for a

definitive statement which outlines essential competencies of health educators and the essential elements of professional preparation programs which can develop these competencies.

One area of study in this project was the relationship between health science and other academic disciplines. Health educators generally agree that the prime function of the university is the creation and transmission of knowledge. Yet, according to the expressed opinions of health educators the transmission and creation of knowledge is not the fundamental role of health education. Perhaps research should be undertaken to identify what professionals in other disciplines perceive the fundamental role of the university to be. And in addition, research which identifies how other professionals in academia view the importance of attitude development and behavior change would be helpful. Although, health educators believe that health education is unique in terms of its emphasis on attitudes and behaviors, it may be well that other disciplines also emphasize attitudes and behaviors. For example, of what value is learning the principles of grammar (cognitive) if a person cannot write sentences using correct grammar (behavior).

There are a number of potential problem areas which may arise in the relationship between health education and other academic disciplines. First, health educators must begin to exercise caution and carefully evaluate subject-matter or content for possible inclusion in the health curricula. Health science does have a vast scope. It is an applied discipline which borrows from the physical and behavioral sciences. In the past five years, growth of content inclusion in the health curricula has incorporated such things as:

death and dying, aging, women and health, biofeedback, self-care, parenting, and prospective medicine. Health educators must learn to critically evaluate content which represents innovation so necessary to an evolving and dynamic discipline from content and methodology which represents faddism or is lacking in real purpose and utility to the individual and to the society. There is potential for deteriorating relationships between health science and other academic disciplines as a result of "encroachment" issues and territorial squabbles over subject-matter. However, the real danger is of health science growing so comprehensive in scope that superficiality results. The ramifications of this are important, far reaching, and may effect the integrity of the discipline.

If health science is able to develop a strong conceptual base which is composed of a well-defined cognitive component its future may not only be characterized by good relationships with others in academia, but more importantly by utility to individuals and society. The development of a unique discipline which effectively blends the psychological, sociological, and physiological aspects of health is a challenge that stands before health educators. We must develop realistic boundaries for the discipline or face serious consequences related to: (1) the adequate professional preparation of competent health educators; (2) the challenge of maintaining competence of health eeucators currently in the field; (3) the maintenance of research competence, in terms of both conducting and interpreting research.

The conduct of research in health science is a concern both within the discipline and in relationship to other disciplines. Generally, quality research,

which is well-designed, and carried out will be accepted by most professionals as scholarly, both within and outside health science. And the generalized concept of health can no doubt be reduced to meaningful specifics which can be researched. Yet, with an ever enlarging scope of content in health science, the question of who is qualified to interpret and conduct research may arise. In addition, the question of what type of research health educators should be engaged in has been a long standing controversy. Some health educators believe that both laboratory and pure research projects are inappropriate for those in the field, which is applied in nature. Others, suggest that research concerned with the health education process itself is far too limiting and that professionals should seek answers to anything that interests them. Perhaps, a forum composed of professionals with good research backgrounds should be organized if this is an in fact and important issue for the profession. The forum might address itself to three initial issues: (1) Who is qualified to do research in health education? (2) What types of research projects constitute appropriate involvement for health educators? (3) What limits if any, should be identified in guiding research projects conducted by health educators?

CONCLUSIONS

Based upon the findings of this study, it appears there are several significant issues currently facing health science. They are as follows:

1) To definitively outline the boundaries of the discipline and identify a reasonable body of knowledge as its basis;

2) To develop a professional identify, based upon common goals, policies,

and parameters of the discipline;

3) To develop a "typical degree sequence program" for professional preparation which reflects identified competencies of the health educator;

4) To develop an integrated curriculum, one which is balanced and reflective of the evolving nature of health, but possesses utility rather than faddism;

5) To implement more rigorous evaluation and measurement efforts to identify the strengths and weaknesses of health education programs.

In conclusion, the resources of health educators can be used creatively and energetically to develop strength, and integrity for health science. First, agreement must be reached upon what it is we hope to do, then we must be able to show empirical evidence of success, and finally a sharing of our contributions must be made available to other professionals. However, until as a discipline we are able to establish and agree upon our goals and boundaries, and conduct rigorous research, to identify the effects of our program, we will not have faced the issues before us.

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3. Newman, Ian: Some dilemmas of International Health Education. Journal of School Health. 47(2): 94-98.

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TABLE 1: MISSIONS OF HEALTH EDUCATION

MISSION	1st Preference		2nd Preference		3rd Preference	
	Frequency	%	Frequency	%	Frequency	%
#1 To translate medical and health related biological knowledge to lay individuals	9	3	18	6	38	13
#2 To foster positive health attitudes and value development in individuals	102	36	88	31	48	17
#3 To change behaviors and practice that detract from HEALTH to those which promote health in individuals.	91	32	69	24	45	16
#4 To foster psychological and emotional knowledge and/or skills.	0	0	7	3	8	3
#5 To foster physiological and medical knowledge and/or skills.	0	0	3	1	3	1
#6 To promote health through consumer knowledge and/or skills.	5	2	17	6	35	12
#7 To foster self-actualization	25	9	23	8	30	11
#8 To reduce incidence of such things as drug abuse, smoking, divorce, VD, obesity, etc.	0	0	5	2	8	3
#9 To develop critical thinking, rational decision-making, etc.	51	18	52	19	67	24
TOTAL RESPONDENTS	283		282		282	

*Percentages do not always total 100 due to rounding

TABLE 2: RELATIONSHIP BETWEEN HEALTH EDUCATION AND OTHER ACADEMIC DISCIPLINES

Items which yielded consensus of 90% or more

ITEM STATEMENT	PERCENTAGE	
	AGREE	DISAGREE
The boundaries of health science have considerably widened over the past 100 years.	97.9	2.0
Selecting content for health education should be based upon data concerning health problems, needs and interests.	96.3	3.7
Health education should deal with the nature of life and the problems of life management.	95.2	4.7
Health education is coming to be academically respectable with a body of content attractive and useful to students.	94.1	5.9
The study of health is the study of everything, it is the serious study of nothing.	98.2	91.8
If health education is to assume a position as an academic endeavor, it must move away from its emphasis on attitudes.	8.4	91.5
Health education is not like mathmatics or geography, it is far more intimate.	91.3	8.7
In health education, feeling and doing are as important as knowing.	91.2	8.8

TABLE 3: ITEMS WHICH YIELDED NO CONSENSUS

ITEM STATEMENT	PERCENTAGES	
	Agree	Disagree
Health education should reclaim from biology, science, botany, psychology, home economics, chemistry and all other areas any material that bears on the health of human beings.	55.1	44.8
Definitions of health pose a problem to the health education discipline in the conducting of research	51.5	48.5
A typical degree program in health education can adequately prepare and qualify scholars in the field.	47.0	53.0
A problem health education faces is that by the time health information is needed by the student the information previously learned may be outmoded and no longer worthy of application.	57.3	42.6
The most important consideration for health education is the definition of educational objectives in behavioral terms in relation to the major recognizable health programs.	51.0	48.9
It is not important that the definition of health be agreed upon by a majority of health educators.	44.9	55.2